

# **Provider News & Resources**

August 16, 2021 | Issue 31

#### In This Issue:

Member Eligibility Determination: Child Tax Credit Payments

Member Eligibility
Determination: Emergency
Services

HCBS: Telehealth Changes Postponed

Guidance for Denied Claims

COVID-19 Vaccine Update

Featured Quick Guide: Web Portal Registration

**Updated Billing Manuals** 

Resolved Known Issue: HCBS Colorado interChange Rate Updated

Resolved Known Issue: Personal Care Claims and Denver County Reimbursement

Resolved Known Issue: HCBS Claims and Denver Minimum Wage

Resolved Known Issue: Telehealth Crossover Claims Denying EOB 5807

#### Featured Resources:

Case Management Redesign

**Known Issues and Updates** 

#### **Upcoming Holidays:**

Labor Day - Monday, September 6 - State Offices, the ColoradoPAR Program, DentaQuest and Gainwell Technologies will be closed.



# Member Eligibility Determination for Monthly Child Tax Credit Payments

A recent expansion of the Child Tax Credit (CTC) and Earned Income Tax

Credit (EITC) under the American Rescue Plan Act of 2021 allows Colorado families to receive up to \$300.00 a month for every child ages 0 - 5 and \$250.00 a month for every child ages 6 - 17 living in their household. Families who filed taxes in 2020 may already be receiving these checks or direct deposits.

The child tax credits do not count as income for eligibility for Health First Colorado, Child Health Plan *Plus* (CHP+) and other public assistance programs.

# Member Eligibility Determination for Emergency Services

Effective August 8, 2021, applicants will no longer need to obtain and submit a written physician statement certifying the presence of an emergency medical condition in order for the application to be complete and processed.

Physicians are required to confirm on the claim forms upon billing to Medicaid if services rendered were due to the presence of a medical emergency. Claims submitted for recipients of Emergency Medicaid Services (EMS) must have the appropriate emergency indicator on claims forms.

The provider must use the following claim form fields to confirm that the claimed services relate to emergency medical conditions:

- For professional claims: Field 24C (EMG)
- For institutional claims: Admission Type 1 (Emergency) or 5 (Trauma)

Refer to the <u>General Provider Information Manual</u> for more information on emergency services billing guidance.

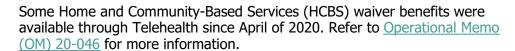
This will suffice as the physician statement for an emergency medical condition when services were provided. Previously, many Emergency Medicaid applications were identified by the presence of this physician statement. Due to the removal of this requirement, applicants are being encouraged to write "Emergency Medicaid" on the top of the application or indicate this in some other way. Eligibility

workers should take notice of these notes.

Refer to the <u>Operational Memo (OM) 21-056</u> for more information.

# **Upcoming Telehealth Changes Postponed:**

## Home and Community-Based Services (HCBS) Waivers





HCBS providers were instructed to bill with a "place of service" indicator code "2" when using Telehealth for service delivery. Refer to  $\underline{OM\ 20-090}$  for more information.

An article in the <u>July 2021 Provider Bulletin (B2100465)</u> indicated there would be changes to billing procedures for HCBS waiver services when using Telehealth associated with the permanent service delivery option. Telehealth was anticipated to be implemented as a permanent service delivery option for specific HCBS waiver services post COVID-19. This change is delayed until further notice.

**Note**: Telehealth is still an allowable service delivery option under the authority of the Public Health Emergency.



#### Guidance for Resubmitting Denied Claims

A denied claim should be resubmitted electronically as a new claim once corrections have been made. Resubmissions should not be sent on paper, even if the claim has surpassed the 365-day timely filing period.

If the claim is past the 365-day timely filing period, providers can contact the <u>Provider Services Call Center</u> to inquire if any timely filing waivers may apply. **Examples**: using the previous internal claim number (ICN), a backdated enrollment, or a load letter for member eligibility.

If the claim is outside of the 365-day timely filing period, either a previous ICN within 60 days or valid attachment must accompany the claim.

If a claim was previously paid and then recouped, the provider can rebill the claim within 60 days of the recoupment to keep the claim within the timely filing guidelines. The claim must reference the previous ICN.

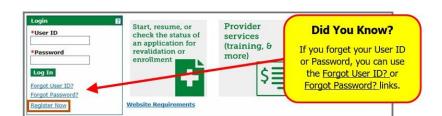
Contact the <u>Provider Services Call Center</u> for more information about how to correct and resubmit a denied claim or for questions about timely filing.

#### **COVID-19 Vaccine Update**

Statewide, (August 13, 2021): In response to the CDCsigning and endorsing the Advisory Committee on Immunization Practices' (ACIP) recommendation, the state of Colorado advises vaccination providers across the state to offer an additional dose of the Pfizer-BioNTech COVID-19 Vaccine or the Moderna COVID-19 Vaccine to moderately to severely immunocompromised Coloradans. This recommendation pertains to immunocompromised persons who received the mRNA two-dose vaccine series.

Featured Quick Guide:

Web Portal Registration



portal account and follow the illustrated step-by-step instructions.

If an user ID or password is forgotten, visit the <u>Provider Web Portal Home web page</u> which displays the <u>Forgot User ID</u>? and <u>Forgot Password</u>? links. Follow the instructions that appear when using these links.

Visit the **Quick Guides** web page to locate all published Provider Web Portal Quick Guides.

# **Recently Published Billing Manuals**

- Appendix X HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs
- Indian Health Services
- <u>Laboratory Services</u>
- Physical and Occupational Therapy (PT/OT)
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Speech Therapy

Visit the Billing Manuals web page to locate all published manuals.

# **Resolved Issues**

#### Home & Community-Based Services (HCBS) Providers

### Resolved 8/12/21

# Colorado interChange Updated with Rate Increase for Procedure Code H2021 with U8 Modifier

Effective 7/1/21, the reimbursement rate was increased for procedure code H2021 billed with the U8 modifier, and the Colorado interChange was updated accordingly on 8/12/21.

Affected HCBS claims billed with dates of service on or after 7/1/21 will be reprocessed in the coming weeks for additional reimbursement. More information will be provided in future communications.

Issue resolved 8/12/21.

## **Resolved 8/12/21**

# Personal Care Claims for Procedure Code T1019 and Denver County Reimbursement

Some pediatric personal care claims for procedure code T1019 with dates of service on or after 1/1/21 billed for members within Denver County were not reimbursed at the increased Denver County rate.

Affected claims were reprocessed 8/12/21.

Issue resolved 8/12/21.

## **Resolved 8/10/21**

# Home and Community-Based Services (HCBS) Procedure Codes and the Denver Minimum Wage

Some HCBS claims for procedure code H0038, S5130, T1019 and T2016 with specific modifier

combinations with dates of service on or after 7/1/21 were not reimbursed at the Denver Minimum Wage rate effective on those dates of service.

Affected claims were reprocessed on 8/10/21.

Issue resolved 8/10/21.

### **Resolved 7/15/21**

# Telehealth Outpatient Crossover Claims for Procedure Code G2025 Denying for Explanation of Benefits (EOB) 5807

Some outpatient crossover, short-term behavioral health claims for procedure code G2025 for dates of service on or after 1/27/20 were denying for EOB 5807 - "The short-term behavioral health service limit has been met, please submit the service to the member's RAE."

Affected claims were reprocessed 8/12/21.

Issue resolved 7/15/21.

Please do not reply to this email; this address is not monitored.